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ABSTRACT

During the fall of 1987 Arizona State University received a grant to demonstrate the feasibility and effectiveness of using student professionals to teach assertive and decision making skills to their peers. These skills were taught as an early intervention strategy to address the dynamics of peer pressure in drug use among high risk college age youth. The target population were residence hall students who were involved with "gateway drugs" of alcohol, tobacco, and marijuana. During the spring of 1988 student paraprofessionals were trained to provide an early intervention program focusing on assertive skills to help students "say no to drugs" in general and specifically to cocaine. The student paraprofessionals named their 90-minute early intervention program "Party Education 101" to encourage participation. Nineteen of these programs were delivered during the fall of 1988 to 231 residence hall students. Each of the programs covered the topics of assertiveness training and decision making and presented a video which modeled assertive behaviors. Following each program participants evaluated the program; evaluations indicated the program was well received. Project evaluation is pending. (ABL)

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Party Education 101:
A Multi-Level Early Drug Intervention Program

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During the fall of 1987, Arizona State University received funding from the Department of Health and Human Services for a demonstration project entitled, "Assert Yourself: An Early Intervention Peer Program." The purpose of this grant was to demonstrate the feasibility and effectiveness of using student paraprofessionals to teach assertive and decision making skills to their peers. These skills were taught as an early intervention strategy to address the dynamics of peer pressure in drug use among high risk college age youth. This target population for the project were residence hall students who are involved with "gateway drugs" of alcohol, tobacco, and marijuana.

This project builds on the developments at Arizona State University (ASU) of an alcohol intervention program for college students began in 1984; a comprehensive survey of drug use and attitudes among ASU students in 1985 and the development of an institutional statement on substance abuse in 1986. Administrators and students representing a wide range of campus departments and organizations contributed to the development and implementation of the program.

During the spring of 1988, student paraprofessionals were trained to provide an early intervention program focusing on assertive skills to help students "say no to drugs" in general; and specifically, to cocaine. The student paraprofessionals named their early intervention program "Party Education 101" to encourage participation among the target population of residence hall students at ASU. The 90-minute "Party Education 101" program was delivered to selected floors of ASU residence halls during the fall of 1988.

Although there was limited time for changes in drug use behaviors during the grant period, process evaluations revealed important directions for future paraprofessional and substance abuse programming.

Objectives

This demonstration grant was funded to develop, implement, evaluate and disseminate a model training program for student paraprofessionals in early drug intervention. The training program and peer education presentations addressed the role of peer pressure in drug use for college age youth. The objectives of this demonstration grant were threefold:

1. Develop and implement a model training program for college student paraprofessionals including components on paraprofessionalism, drug education/intervention and the use of assertive training strategies in addressing peer pressure to use drugs;
2. Demonstrate the use of student paraprofessionals in drug education and assertive training with a target population of college age youth in residence halls at the university; and,
3. Disseminate information on the demonstration project to chief executive officers in college student affairs who participate in three networks -- a state, a regional and a national network -- and to professional associations that address the needs of college age youth.

Background

In 1985, Brigman and Knox conducted a college drug use study at Arizona State University. They found that 95 percent of students reported experience with alcohol during their lifetimes and 56 percent of students had tried marijuana once in their lives. These findings are comparable to those of a NIDA study (1986) of high school seniors which included a follow-up of students enrolled in college during the fall of 1985 (Johnston, et al., 1986) (see Table 1). However, a higher percentage of ASU students reported use of cocaine and other narcotics during the twelve months preceding the study.

INSERT TABLE 1 ABOUT HERE

In the assessment of cocaine use among college students, the ASU study found 27 percent have experienced cocaine during their lives, 18 percent during the last twelve months and 8 percent during the last thirty days. In contrast to alcohol and marijuana, the initial age of onset for cocaine use is after the students' nineteenth birthday (19.4 years); this is post-college matriculation for the majority of college students who have tried cocaine (Brigman & Knox, 1987).

An examination of the motivations and problems related to alcohol and drug use in the college student population found that the most important reason for one in three students to use alcohol is to "have a good time with my friends"; these social experiences with peers are important reasons for an additional 47 percent of the students. Only 21 percent of the students did not consider the social aspects as important in their use of alcohol (Brigman & Knox, 1987).

Rationale

Much of the current substance abuse programming is information based. Unfortunately, information based programming is never likely to meaningfully alter the attitudes or drug behaviors of students until its implementation corresponds to a decision making framework addressing experiential dynamics in students' exposure to drug use.

Decision Theory and Modeling in Drug Use: The behavioral variables underlying drug use fit into a classical decision theory framework (see Broadhurst, 1976; Bross, 1953; Horan, 1979; and Mausner, 1973) which posits that our choice of a given activity rests on the concept of value and probability. Subjective values, also known as utilities, may be positive or negative in nature. Indulging in or abstaining from drugs will

each result in a variety of utilities. Depending on the particular peer group, drug abstinence may be met with approval or ridicule. Likewise, the physical effects of drug consumption might be perceived as pleasant or aversive. If peer approval is important to a student and the peer group eschews the use of drugs, and furthermore, if the student perceives the effects of a particular drug to be rather unpleasant, the choice is obvious. The choice is much less obvious if the peer group advocates drug use! In this case, the student's decision would rest on the difference between the importance the student attaches to peer approval and physical comfort.

Of the psychosocial correlates of drug use, perhaps the most convincing are the relationship between an individual's use of drugs and the drug taking behaviors of peers. Reported correlations are conspicuous and convincing across all drug categories including the consumption of illegal substances (Kandal 1974 a,b).

Assertive Training Strategies in Early Intervention: Assertive training is an extremely popular and well recognized as a vehicle for empowering individuals to do "what they really want to do" in interpersonal relations and social environments (Alberti, 1977; Heimberg, Montgomery, Madsen & Heimberg, 1977, Holmes & Horan, 1976). Assertive training, as a drug abuse prevention strategy, assumes that many students who would otherwise abstain from drugs reluctantly imbibe because they lack the social competencies and interpersonal skills necessary to extricate themselves from situations in which drug use is imminent. Thus, the role of assertive training as a drug abuse prevention strategy enhances the competencies of students to say "no" and increases the possibility of free choice in peer pressure situations focused on drug use. Students could still decide to take drugs, but would be less likely to capitulate to peer pressure since they would have the competencies necessary to finesse themselves away from the drug consumption option without losing face (Horan & Harrison, 1981). The effectiveness of

assertive training as a drug prevention strategy has been demonstrated, even to the extent of a three year follow-up point, with alcohol and marijuana use among junior high school students (Horan & Williams, 1982).

Paraprofessional Programs in Higher Education: Today, approximately three-fourths of our institutions of higher education have recognized the significant role of peer helpers, or student paraprofessionals, in providing programs for undergraduates (Ender & Winston, 1984; Salovey, 1983). These undergraduate student paraprofessionals assist their peers in the context of preventive and developmental programming. In fact, when preferences for service providers in drug education are examined, undergraduates prefer assistance in drug related concerns from student paraprofessionals rather than male or female professional counselors (Getz & Miles, 1978). However, educational services offered by paraprofessionals must be intentionally designed to assist in the adjustment, satisfaction and persistence of students. Students performing in paraprofessional roles must be compensated for their services and supervised by qualified professionals (Ender, 1983).

Target Population

The target population for the demonstration grant were undergraduates who were between the age of eighteen and twenty-four years and lived in the campus residence halls. The target population included approximately 3,000 of the 43,000 students enrolled at Arizona State University during fall semester 1988. Of these targeted students, an estimated 50 percent were freshmen and 12 percent were members of ethnic minorities.

Among the 600 students in the representative sample from the ASU Drug Use Study, there were 321 undergraduates between the ages of 18 and 25 who provided information about their exposure and experience with drugs and their location of residence. Comparing substance use of students living in the residence halls

with the use of those living off campus we find similar patterns of alcohol use. However, life, twelve-month and thirty-day exposure to marijuana and cocaine varies widely depending on residential environment. In all cases, students in the ASU residence hall show lower exposure to cocaine.

INSERT TABLE 2 ABOUT HERE

Traditionally and operationally, ASU residence halls are prioritized for occupancy by new freshmen. After the completion of one or more semesters of course work at ASU, these students move into the proprietary-owned housing facilities in the local community. In conjunction with low current use of cocaine among current residence hall students and the age of onset in cocaine use, students in residence halls at ASU are the most significant and timely target population for preventive intervention programming on drugs and more specifically, cocaine.

Campus Community Involvement

During the spring semester of 1987, a University Network on drug abuse, research, programming, and enforcement was convened by the Office of the Vice President for Student Affairs. This demonstration project drew from the members of the Network to establish an advisory board which included the director of Student Health, the director of Residence Life, the Greek Life coordinator, the director of Counseling and Consultation, the assistant athletic director for Student Services, and the coordinators of Student Affairs Research and Health Education Programs (the co-principal investigators). The members served in an advisory role to the project and facilitated access for the delivery of the demonstration project to the targeted student population. In addition to the professional staff members on the

advisory board, the following student organizations were represented: the Residence Hall Association (RHA), Associated Students of Arizona State University (ASASU), the Student Health Advisory Committee (SHAC), the Greek Activities Review Panel (GARP), the Student Advisory Committee in Counseling and Consultation.

Paraprofessional Selection & Training

The paraprofessional recruitment process began with an advertisement campaign which included posting of job notices at the Student Employment Office, in the campus newspaper, and on-campus kiosks. In addition, flyers were shared with a number of student organizations. Most applicants were obtained through the advertisement campaign, while some, primarily the minority applicants came through "in person" contacts and recruitment via minority student organizations. Applicants were required to meet the following criteria:

- grade point average of 2.5 or above;
- resident hall living experience;
- full-time student status;
- age 18 to 24;
- enrolled through the semester following implementation;
- not a resident hall assistant in semester of implementation.

Applicants meeting the minimum selection criteria were invited for interviews with the project professional staff. Hiring decisions were based on an objective point system devised for evaluating the applicant interviews and application packages. Questions asked during the selection interviews assessed attitudes toward substance use, motivation for applying, and communication and presentation skills. Sixteen students were hired for paraprofessional positions.

Paraprofessional Training Program

The 40-hour paraprofessional training program began shortly after the paraprofessionals were hired in early February 1988, and extended through May 6, 1988. Training program sessions were conducted by the counselor and the health educator and covered the topics of assertiveness, decision making, life planning, drug education, paraprofessionalism, presentation skills, and program practice.

Paraprofessionals spent additional training hours creating a "Party Education 101" video for use in implementation program delivery. The purposes of the videotape were to 1) enable paraprofessionals to deliver programs with consistent content 2) provide structure for the paraprofessionals, and 3) increase participant interest.

The primary goal of the training program was to train student paraprofessionals to teach their peers assertiveness and decision making skills. Further, the training program was designed to help students understand the importance of making well thought out decisions about substance use. It was hoped that after completion of the 40-hour training program the paraprofessionals would be able to:

- o define, explain, and demonstrate assertive techniques;
- o demonstrate effective decision making;
- o explain the significance of assertiveness and decision making as related to substance use;
- o give an interactive educational program to their peers;
- o understand the significance of decision making on life plans;
- o understand the significance and scope of their roles as paraprofessional educators;
- o answer simple questions about alcohol, marijuana, nicotine, and cocaine.

Implementation Program

Nineteen "Party Education 101" implementation programs were

delivered to a total of 231 residence hall students at Arizona State University residence hall students. The programs, which took place during the month of October, 1988, were presented by five paraprofessional pairs.

Although the paraprofessionals were encouraged to adapt the "Party Education 101" programs to their individual styles, each paraprofessional pair addressed the following topics during the course of each presentation:

- assertive training (definition of assertive behavior, contrast of assertive behavior with passive and aggressive behavior, demonstration of assertive techniques, rationale for using assertive behaviors, assessment of barriers to assertive behavior);
- decision making (rationale for using decision making process, presentation of a simple decision making model, demonstration of decision making process);
- "Party Education 101" video (modeling assertive behaviors).

Following each presentation, participants were asked to complete program evaluation forms. Responses from these evaluations indicated that the program was well received.

Design

There are eleven residence halls in the campus housing system at Arizona State University housing approximately 4,300 college age youth. These halls are divided into approximately 100 floor units which provide educational programs to the residents. For the purpose of delivering the early intervention program and evaluating its effectiveness, the floor units in each residence hall were randomly assigned to one of two groups: 1) treatment program floors or 2) control floors which did not

receive the early intervention program. During September, 1988 the student paraprofessionals assisted in the collection of normative data from students housed in both treatment and control floors. The post-treatment evaluation data was collected approximately thirty to forty-five days after participation in the early intervention program.

Research Design

The final research design called for the assignment of students by residence hall floors to either a treatment or control group. With the treatment group receiving the intervention. It was decided that there would be no treatment provided to the control group on a delayed schedule; the issues surrounding the volunteer aspects of the program were not dealt with in this design.

Prior to the commencement of programming, a pretest was administered to all the students in the Office of Residence Life data base between eighteen and twenty four years of age. After completion of the intervention, posttests were mailed to three groups of students: all who returned a pretest, participants of Party Education 101 (PED 101) who had not returned a pretest (some of whom were not on the original data base), and a random selection of students who had not returned a pretest to balance those PED 101 students for whom there were no pretest results.

Random Selection

The first step was the random assignment of programming units (floors) within residence halls to either control or treatment groups. Three residence halls were omitted from the research design because they were significantly different in student populations. The intervention program was presented to the residence hall students through the established programming structure. Therefore, residents were identified by sex and

number within each programming unit of each hall.

The intervention targeted to treatment and control 32 treatment units and 32 control units based on random assignment of programming units by sex and floor of occupants. Thus the five paraprofessional teams that returned in fall 1988 were able to provide the sufficient number of presentations per unit during a six week period of the intervention. Nine residence halls with seventy-two programming units were used. Of these, thirty-two were control and thirty-two were treatment programming units. Eight units were omitted from the study leaving sixty-four programming units and approximately 3,154 ASU students as possible participants.

Evaluation Instruments

The instruments assessing outcomes for the project included a pretest and posttest mailed to students before and after the intervention and a program participant evaluation form administered immediately after the presentation of PED 101. The measures included the following areas: 1) drug use, 2) drug attitudes, 3) tentative drug use, 4) assertiveness, 5) evaluation of the presentation, and 6) high-risk characteristics.

The pretest survey was a modification of the full ASU 1985 Drug Use Survey with the addition of the Horan Tentative Drug Use Scale (TDUS) and the Rathus Assertiveness Scale (RAS). The posttest survey was an abbreviated form of the pretest covering only tobacco, alcohol, marijuana, and cocaine; it included twelve months and thirty day use, drug attitudes, a shortened TDUS and the full RAS. The posttest also included a scale of high risk indicators. Granting the sensitive nature of these questions, it was decided that this scale would only be asked once - on the posttest.

The program evaluation form administered after the presentations to participants included questions which allowed the students to evaluate the program as well as supply

demographic information. Finally, two items on alcohol consumption were included as a quick assessment of the degree of risk.

At this time the project evaluation is pending. Data from the posttest and program evaluations are currently being analyzed.

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Table 1
Percentages of Twelve Month and Thirty Day Use of Drugs from the NIDA Follow-up Study and Undergraduates Enrolled at Arizona State University

Drug	1985 National Sample	Arizona State University		
	Age 19-22 (n=1,080)	Age 18-20 (n=130)	Age 21-25 (n=193)	Age 18-25 (n=323)
Alcohol				
12 month use	92	88	88	88
30 day use	80	76	81	79
Marijuana				
12 month use	42	35	41	39
30 day use	24	19	20	19
Cigarettes				
30 day use	22	17	25	22
Cocaine				
12 month use	17	18	29	24
30 day use	7	8	13	11
Amphetamines*				
12 month use	12	8	9	9
30 day use	4	3	3	3
Tranquilizers				
12 month use	4	5	8	7
30 day use	1	1	1	1
Barbiturates				
12 month use	1	3	1	2
30 day use	0	1	0	0
Quaaludes				
12 month use	1	2	0	1
30 day use	0	0	0	0
Heroin				
12 month use	0	0	0	0
30 day use	0	0	0	0
Other opiates				
12 month use	2	5	5	5
30 day use	1	2	1	1

*National sample is reported for "stimulants (adjusted) for inappropriate reporting of nonprescription stimulants"

Table 2
Percentages of Drug Use Among 18-25 Year Old Undergraduates at Arizona State University by Location of Residence

Drug/Exposure Undergrads years	Location of Residence: Residence Halls (n=34)	Other Campus Housing (n=9)	Within One Mile (n=42)	1-3 miles (n=95)	4-5 miles (n=37)	6+ miles (n=104)	18-25 (n=319)
Tobacco							
Life use	59%	56%	63%	67%	49%	57%	60%
Thirty-day	47%	20%	31%	32%	53%	28%	34%
Alcohol							
Life use	97%	100%	95%	98%	83%	94%	95%
Twelve-month	91%	100%	93%	93%	78%	84%	88%
Thirty-day	85%	100%	88%	84%	76%	68%	79%
Marijuana							
Life use	53%	89%	57%	63%	68%	53%	59%
Twelve-month	35%	56%	38%	47%	51%	27%	39%
Thirty-day	24%	33%	19%	23%	32%	10%	20%
Cocaine							
Life use	27%	33%	40%	43%	43%	21%	34%
Twelve-month	12%	33%	36%	30%	38%	14%	24%
Thirty-day	3%	11%	14%	14%	27%	3%	11%